

# WISCONSIN AVIATION CONFERENCE ATTENDEE REGISTRATION

Wisconsin Department of Transportation  
DT1982 2003

Last Name	First Name
Representing	
Street Address	
City, State, Zip Code	
Area Code-Telephone Number	
E-Mail Address	
Name Tag Information	
I will participate in the Sunday evening ice-breaker reception: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Registration Fees		
Full Conference Registration <b>ADVANCE</b>	\$60.00	
Full Conference Registration <b>AFTER MARCH 21, 2003</b>	\$80.00	
Registration— <b>Monday only</b>	\$30.00	
Registration— <b>Tuesday only</b>	\$30.00	
<b>TOTAL AMOUNT DUE</b>		

<b>I will attend the following meals:</b>			
Monday	<input type="checkbox"/> Breakfast	Tuesday	<input type="checkbox"/> Breakfast
	<input type="checkbox"/> Lunch		<input type="checkbox"/> Lunch
	<input type="checkbox"/> Dinner		

Please submit one registration form for each participant.

Make check payable to: Wisconsin Aviation Conference

Return registration form and payment to: Wisconsin Department of Transportation  
Bureau of Aeronautics  
P.O. Box 7914  
Madison, WI 53707-7914

**Registration Deadline: March 21, 2003**